

## **National Park Service** U.S. Department of the Interior

**Golden Gate National** Recreation Area

415-561-4743 phone 415-561-4727 fax 415-278-1788 cell

Public Health Officer

Building 201, Fort Mason

San Francisco, CA 94123

## **Temporary Food Event (TFE) Program**

## FOOD VENDOR APPLICATION - FORT MASON CENTER

This application is to be completed by each food vendor at the event. Note: N/A on form will not be accepted. Each vendor will return a completed application with supporting documentation to the event organizer at least 2 weeks prior to the event. Vendor Checklists, Operating Requirements and program information forms do not need to be returned. If you have questions about the event or permitting process, ask the event organizer.

1. Name of Event:\_\_\_\_\_ Event Organizer:\_\_\_\_\_

	Date(s) of event:	Event Organizer Phone:				
	Location(s) at Fort Mason Center:	:Daily End Time (no further cooking):				
Daily Start Time: Daily End Time (no further c				· · · · · · · · · · · · · · · · · · ·		
2.	TFE Vendor/Company Name:					
	Address:	Citv:	State:	Zip:		
	Phone:	Describe your structure use	ed at the event(tent/	truck):		
	Name of certified food safety manager staffing event:					
	Food Safety Manager Email:	<u></u>				
	Food Safety Manager Email: Will all food be prepared at the event					
	Name the main sources of food and i	ice:		(ie. Costco)		
3.	Name of establishment used for food preparation:					
	Address:	City:	State:	Zip:		
	Contact Name:	Contact Phor	ne:			
	Is this facility licensed by a city &/or county Department of Public Health? Y / N					
	Name of certified facility food manager:					
	*****Fort Mason Center may provide potable water access, sites for wastewater and refuse dumping, and					
	toilet access. Consult your	event organizer for these de	tails and plan accor	<u>rdingly.****</u>		
	Baranii aanaa aa kan isaala isaa aa a		l l l ! (	L		
4.	Describe your setup including mat	terials that will be used for	nand washing at t	ne event:		
_	Describe your cotum including mot	toriolo that will be used for	diah waahing at th	a avanti		
Э.	Describe your setup including materials that will be used for dish washing at the event:					
6.	Describe your temperature control methods (containers used/target temperatures & temperature					
	checks for example) during transit and during the event for:					
	Hot (135F or above)		or holow)			
	Thot (1951 of above)	Cold (411 C	or below)			
	Transit	Transit				
		Transit				
	At Event	At Event				
	At Event	At Event		Form #201, Pg. 1		
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7.	Provide a list of menu items and include how they will be prepared. <b>Limit menu to five potentially hazardous food items</b> meaning foods that need temperature controls to prevent bacterial growth. For example, non potentially hazardous foods include olive oil, chocolate, bread, and jam or jellies. Potentially hazardous foods include seafood, poultry, dairy, eggs, fresh cut fruit and vegetables.						
	Menu Item i.e. (raw chicken)	Off-Site Prep (yes /no)	Cooking/Preparation Procedures (cut up off site /grill to internal temp of 165F at event)	Holding Temperature Method (steam table/ refrigerator at event)	How Served (Hot/cold)		
8.	Gather photocopies of the following documentation to submit with this application:						
	Moderate and High Risk Foods  Copy of <a href="health-department permit to operate">health department permit to operate</a> or <a href="sellers permit">sellers permit</a> that indicates your						

## TEMPORARY FOOD EVENT VENDOR PERMIT

Food Facility Name:	Event Manager:
	TFE Permit #
Event Location:	
Approval/Disapproval Date:	Permit Effective Dates:
Permit Restrictions/Reason for Disapproval:	
Reviewed by:Public Health Officer day of ev	
Vendor Consent	
information is correct and I fully understand that	the TFE vendor permit) hereby certify that the submitted any deviation from the above without prior permission ead and understand the TFE Vendor Checklist and cumentation for my temporary food operation:
	nder proper temperature holding and handling conditions ng the food are in good health and trained to safely
clean, sanitary condition during the permit period	tain any areas assigned to me or my organization in a d. I also agree to have a <b>certified food safety manager</b> handling, and sales during the event <b>(initials)</b>
At no time will any food product be stored, prepa facility not permitted by a city or county Public He	red, washed or otherwise handled at home or other ealth Department.
the defense of GGNRA from and against any and	d event, I agree to indemnify, hold harmless, and assume d all claims, demands, and actions for damages resulting egligence of GGNRA. I have read and understood my
event, I understand that I must discuss and recei (415) 561-4743 in a timely manner. I understand FDA Food Code can result in the immediate sus	ents or wish to change my menu during the course of the ive advance approval with the Public Health Officer at any unsanitary or unsafe conditions or violations of the pension or revocation of my temporary food event permit by outside parties including Fort Mason Center, NPS and
Applicant Signature:	Date:
Applicant Printed Name:	
Approant i fintou Namo.	
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